



Arkansas Department of Education

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Sarah Huckabee Sanders
Governor

Jacob Oliva
Secretary

MEMORANDUM

TO: SFSP FOOD PROGRAMS
FROM: ADE/OEC/HNU
DATE: 03/04/2024
SUBJECT: NON-CONGREGATE FOOD SERVICE FOR 2024

This memorandum provides further guidance on the administration and operation of Non-Congregate Meal Service in rural areas during Summer 2023 for the Summer Food Service Program and National School Lunch Program Seamless Summer Option.

Sponsors that wish to participate in Non-Congregate Feeding for Summer 2024 in the following Metro counties:

Benton, Cleveland, Craighead, Crawford, Crittenden, Faulkner, Franklin, Garland, Grant, Jefferson, Lincoln, Little River, Lonoke, Madison, Miller, Poinsett, Pulaski, Saline, Sebastian, and Washington;

must be pre-approved to participate in Non-Congregate Food Service. Institutions in rural counties may opt-in to Non-Congregate Food Service by completing the Non-Congregate Request Form.

The process to receive approval for Non-Congregate Meal sites are as followed:

1. Send email request to sandra.west@ade.arkansas.gov, or perry.hunter@ade.arkansas.gov and copy your Application Coordinator. Indicate your desire to serve non-congregate meals and list the site(s) you plan to operate.
2. Schedule an appointment meeting with the application coordinator to discuss all the operational and logistical requirements and completion of the application.
3. Complete the Non-Congregate Request Form (NCRF) and submit it to names listed in point #1.
4. After the Integrity Plan has been reviewed and approved by the Application Team and the State agency determines that the site meets all required criteria, the site may be approved to participate in non-congregate food service.
5. Complete the SFSP Site Application - 2161, paying special attention to the Meal Service section to correctly report operating dates, meal types and serving times. Include any other relevant information in the comments of the Site Application. Keep in mind that State agency (SA) staff must have full access to the meal preparation area

throughout the meal distribution period. All distribution times must be accurately entered into the SNP system.

6. A Site Agreement Form is required for a new site operating for SFSP 2024. Existing Sites must be current, that means that a new Site Agreement Form is on file with the SA. Site Agreement may not exceed 36 months from the dated document.

Application Coordinators:

Sandra West:

Sandra.West@ade.arkansas.gov

501-320-8969

Deborah Peyton:

Deborah.Peyton@ade.arkansas.gov

501-682-8869

Tkeyah Cokely:

Tkeyah.Cokeley@ade.arkansas.gov

501-534-4147

Danielle Henderson:

Danielle.Henderson@ade.arkansas.gov

501-303-4902

Perry Hunter:

Perry.Hunter@ade.arkansas.gov

501-320-8967

Katie Razer:

Katherine.Razer@ade.arkansas.gov

501-396-6156

It is highly recommended that you keep a copy of this MEMORANDUM on file for quick and easy reference. A copy is also available in the resource library under 2024 Mass Alerts. If you have any questions regarding this memo, please contact your Application Coordinator at: 501-682-8869.

NON-CONGREGATE MEALS REQUEST FORM

Rural Areas Only



IMPORTANT: Authorized Representative for The Institution Must Sign This Request Form. Please Submit One Request Per Agreement Number.

Name of Institution: _____ Agreement #: _____ Date of Request: _____
Person Submitting Request: _____ Phone Number: _____
Email to send questions/approval: _____

On December 29, 2022, President Biden signed the Consolidated Appropriations Act, 2023 (the Act) (P.L. 117-328). The Act included significant policy changes for Child Nutrition programming, including the authorization of a permanent, non-congregate meal service through the Summer Food Service Program (SFSP) and National School Lunch Program (NSLP) Seamless Summer Option (SSO) for rural areas with no congregate meal service and the Summer Electronic Benefits Transfer for Children Program (Section 502 of the Act). The non-congregate model for rural areas is available in Summer 2024 and Summer Electronic Benefits Transfer for Children Program will be available in summer 2024. The Act requires FNS to promulgate regulations to carry out these two changes. Regulations for these policy changes will be promulgated in advance of summer 2024.

Please submit this request to: sandra.west@ade.arkansas.gov and perry.hunter@ade.arkansas.gov

Selection Request Requirements

- Parent/Guardian Pick-up – Allows parents to pick-up meal at a site (grab and go) and must complete the Daily Delivery and Pick-up form.
- Non-Congregate Meal Service – Allows children to pick-up the meal and consume off site.
- Meal Service Time – Allows meals to be served at the same time, if requesting Parent/Guardian pick-up or non-congregate meal service.
- Household Delivery - Meals delivered to an approved household by the sponsor, in which the Parent/Guardian has completed the Parent Attestation Form
- Multiday Distribution – **Three (3) day max** and must complete the Daily Delivery and Pick-up form.

Instructions

For sponsors who wish to participate in the Meal Delivery option, please be advised that a detailed plan of operation must be submitted and approved by the Health and Nutrition Unit prior to the start date of operation.

1. Sponsor must complete and submit the “NON-CONGREGATE MEALS REQUEST” form to the State Agency.
2. Parent/Guardian who wish to participate in the Parent Pick-up and Meal Delivery options must complete the “PARENT/GUARDIAN ATTESTATION AND PICK-UP” form in its entirety. It is the sponsor’s responsibility to ensure that all forms are completed with accuracy, contain appropriate dates and signatures, and are readily available for a State Agent to review. Failure to comply, may result in unallowable meals.
3. Sponsors must continue to complete the “DAILY MEAL COUNT” and the “DAILY TEMPERATURE LOG” forms for both Parent Pick-up and Meal Delivery options.
4. The “DAILY DELIVER OR PICK-UP” form must be completed daily. This form requires a signature every time a meal has been delivered to a home or picked up by a parent/guardian. The Daily Deliver or Pick-up form must be validated with the Daily Meal Count Form prior to submitting a claim. It is highly recommended that the Daily Deliver or Pick-up form and Daily Meal Count Form are stapled together, placed in a secure file, and are readily available for a State Agent to review. Failure to comply may results in unallowable meals.
5. Plans must be approved by ADE/HNU before meal service begins. Amendments will be considered.

Below, list all sites that are requesting pick-up or meal delivery (include addresses, days, and meal service times for each site – must match information submitted for site approval through the SNP site).

MEAL PICK-UP SITES: For additional sites, please print page 3.

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____	
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____	
***** SELECT REQUEST *****	
_____ Parent/Guardian Pick-Up	_____ Multi Day Distribution (3-day max)
_____ Non-Congregate Meal Service	_____ Meal Service Time

MEAL DELIVERIES: For additional sites, please print page 4.

Site Name: _____	County of Site: _____
Site Address: _____	
Start Date: _____	End Date: _____
Days of Meal Service: Sun _____	
_____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____	
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____	
***** SELECT REQUEST *****	
_____ Household Delivery	_____ Multi Day Distribution (3-day max)
_____ Non-Congregate Meal Service	_____ Meal Service Time

1. Food Service must meet ADH requirements, describe your process for meeting the requirements.

2. Describe the process for completing the temperature log. Attached is the Daily Temperature Log form to complete.

3. In detail, describe the process for delivering meals to households in need in the surrounding communities. For example, are insulated cooler or thermal bags being utilized.

MEAL PICK-UP SITES: Additional Sites

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____
******* SELECT REQUEST *******
___ Parent/Guardian Pick-Up ___ Multi Day Distribution (3-day max)
___ Non-Congregate Meal Service ___ Meal Service Time

MEAL DELIVERIES: For additional sites, please print page 4

Site Name: _____ County of Site: _____
Site Address: _____
Start Date: _____ End Date: _____
Days of Meal Service: Sun ____ Mon ____ Tue ____ Wed ____ Thurs ____ Fri ____ Sat ____
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____

******* SELECT REQUEST *******

Household Delivery Multi Day Distribution (3-day max)
 Non-Congregate Meal Service Meal Service Time

- 1- Food Service must meet ADH requirements, describe your process for meeting the requirements.

- 2- Describe the process for completing the temperature log. Attached is the Daily Temperature Log form to complete.

- 3- In detail, describe the process for delivering meals to households in need in the surrounding communities. For example, are insulated cooler or thermal bags being utilized.

DAILY TEMPERATURE LOG

All potentially hazardous hot foods must be maintained at or above 140°F upon delivery to your center. All potentially hazardous cold foods must be maintained at or below 40°F upon delivery to your center. Temperatures must be taken and recorded daily upon receipt of the meals.

Date	Food Item	Time Temperature	Time Temperature	Time Temperature

Responsible Representative's Title: _____

Date: _____

Responsible Representative's Signature: _____

***** For ADE/HNU Official Use Only *****

Approved: _____ Denied: _____

State Agent's Title: _____ State Agent's Signature: _____ Date: _____

Reason for Denial:

Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1-MAIL:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2-FAX: (833) 256-1665 or (202) 690-7442; or

3-EMAIL: Program.Intake@usda.gov

**Arkansas Department of Education
Office of Early Childhood**

P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437
P: 501.682.8869 TDD: 501.682.1550

**PARENT/GUARDIAN ATTESTATION AND PICK UP FORM
(CACFP, CACFP At-Risk, and SFSP)**

Instructions: This Parent/Guardian Attestation Form is to be completed, signed, and dated by the parent/guardian picking up or receiving delivery of meals for students participating in the Child and Adult Care Food Program (CACFP), CACFP At-Risk Afterschool Program, or the Summer Food Service Program (SFSP). Sites must keep this form at the center/site to be reviewed by the State agency upon request.

Print Parent/Guardian's Name: _____ Program Participating In: _____

Institution's Name: _____ Agreement Number: _____

Family Home Address/City: _____

County: _____ Parent Phone Number: _____

Please check meals that apply below:

Child's Name	Age	Breakfast	Lunch	Snack	Supper

*I, the parent/guardian, authorize the individuals listed below to receive and sign the Delivery or Pick-up Form during my absence.

1- _____ 2- _____
3- _____ 4- _____

SPONSOR

I acknowledge to the best of my ability, that the above information is correct, and meals will be provided to the parent/guardian of the child(ren) listed above and that the State Agency may verify this information.

SPONSOR'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN OR RESPONSIBLE PARTY

I understand that I cannot receive more than the daily maximum meals for each child participant and duplicate meals from any USDA Food Program. I attest that my dwelling has ample storage and refrigeration for all USDA meals that will be delivered by the sponsor or parent/guardian pick up.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

*Form expires 1 year from this date

For any additional children:

Child's Name	Age	Breakfast	Lunch	Snack	Supper

This Institution is an equal opportunity provider, lender, and employer.